STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDWARD POINTE SENIOR LIVING	6235 STERLING CREEK RD, PORTAGE, , 46368

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes 470040 and 470046. Intake 470040 - No deficiencies related to the allegations are cited. Intake 470046 - No deficiencies related to the allegations are cited. Survey date: 6/4/26 Facility number: 012396 Residential Census: 75 Windward Pointe Senior Living was found to be in compliance with 410 IAC (Indiana Administrative Code) 16.2-5 in regard to the Investigation of Intakes 470040 and 470046. Quality review completed on 6/5/26.	R 0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from

correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE